DECLARATI		Attor	ney Docket Number									
POWER OF AT FOR UTILITY O		First	Named Inventor	Christopher S. Burgey, et al.	stopher S. Burgey, et al.							
PATENT APPLICATION			COMPLETE IF KNOWN									
(37 CFR 1.		Appli	cation Number									
Declaration Submitted	Declaration Submitted after Initia		Date									
with Initial OR Filing	Filing (surcharge (37 CFR 1.16 (e))		Art Unit									
	required)	Exam	iner Name									
	T1 L 1 1											
As a below named inventor, I hereby declare that:												
	My residence, mailing address, and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:												
BENZODIAZEPINE CGRP RECEPTOR ANTAGONISTS												
the specification of which		(Title of the Invention)									
the specification of which bears the Attorney Docket Number and Title of the Invention noted above												
OR ~												
is attached hereto OR												
was filed on (MM/DD/	1		_	plication Number or PCT Internatio	nal							
Application Number and was amended on (MM/DD/YYYY) (if applicable).												
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.												
I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.												
				of any foreign application(s) for pa								
				ast one country other than the Unite eign application for patent or invent								
•				eation on which priority is claimed.								
Prior Foreign Application Number(s)	Country		Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed? YES NO							
		-										
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.												
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Filing Date												
Application Number(s)			(MM/DD/YYYY)	Attorney Docket Number								
60/482,674	0	06/26/20	003	21381PV								
												

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claidesignating is not disclosed 35 U.S.C. 11 37 CFR 1.56 date of this a	the Unite sed in th 12, I ack 5 which	ed States of e prior Unite nowledge the became ava	America, ed States e duty to	listed or PC disclo	l below T inter ose info	and, instantional ormation	sofar appl kno	as the lication wn to	subje n in the me to	et ma e mar be ma	itter nner ateri	of each of provided ial to pate	f the c by the ntabil	laims o e first p ity as d	of this paragra efined	application oph of in	on	
U.S. Parent Application or PCT Parent								Parent Filing Date							Patent I	Number		
Application Number								(MM/DD/YYYY)						19.	гррисио	110)		
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		r PCT interna	• • •															
As a named in following regi connected the	istered pr	actitioner(s) to	nt, respect o prosecut Practition OR Registered	e this a ers Ass	pplicati sociated	on and to	trans Custo	sact all	busines	r agent ss in th	t(s) v he U	with full po- nited States	wer of s Pater	substitu t and Tr	ition an adema	id revocati rk Office	on, the	
	Nam	ie			Registr			Name								Registration Number		
David A. Rubir	n			40,314				David L. Rose							26,33		=	
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Country	USA	USA Telephone (73						2)594-2675 Fax (73						(732)5	2)594-4720			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.																		
Name of Sole or First Inventor: A petition has been filed for this unsigned inventor																		
Given Name (first and middle [if any])								Family Name or Surname										
Christopher S.			•					Burge	y 									
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City		Rahway			_		5	State	NJ	7	ZIP	07065-09	907	Cou	ntry	U.S.A.		
X Additional	l inventor	rs are being n	amed on th	he1	suppl	emental .	Addit	ional Ir	ventor	rs(s) sł	heet((s) PTO/SB	/02 A a	ttached	hereto.			

DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])						Family Name or Surname									
Craig A. Stu									<i>y</i>						
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Give	n Na	me (first and middle [if	any])_	····				Fa	mily Na	ame o	r Surnam	e			
Theresa M.					w	illiams									
Inventor's Signature		Theresa M. We					Date	14 Jan 2005			005				
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Name of Addition	ıal J	oint Inventor, if any:				A per	tition	has bee	n filed f	or this	unsigned	inve	ntor		
Given Name (first and middle [if any])						Family Name or Surname									
Inventor's Signature				Date											
Residence: City	State					Country					Citizenship				
Mailing Address															
City					Sta	te	;	ZIP			Country				
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor									ntor						
Given Name (first and middle [if any])							Family Name or Surname								
Inventor's Signature Date															
Residence: City						Country		Citizen		zenship	iip				
Mailing Address						, <u>-</u>									
City				Sta	te		ZIP	ZIP		Coun	ountry				